

To:

Ambulatory  
Surgery Centers  
Family Planning  
Clinics  
Federally Qualified  
Health Centers  
Inpatient Hospital  
Providers  
Nurse  
Practitioners  
Ophthalmologists  
Optometrists  
Outpatient  
Hospital  
Providers  
Physician  
Assistants  
Physician Clinics  
Physicians  
Rural Health  
Clinics  
HMOs and Other  
Managed Care  
Programs

## Procedure code updates

Effective July 1, 2002, Wisconsin Medicaid has changed the status of the procedure codes listed in the Attachments of this *Wisconsin Medicaid and BadgerCare Update* for a number of provider groups as listed below.

Wisconsin Medicaid is:

- Adding procedure codes previously not covered by Wisconsin Medicaid.
- Modifying types of service (TOS) for selected procedure codes.

Refer to Attachments 1-5 for lists of procedure codes, procedure code descriptions, TOS codes, copayment amounts, maximum fees, and status. The procedure code changes listed in the Attachments affect the following providers:

- Ambulatory Surgery Centers (See Attachment 1).
- Family Planning Clinics (See Attachment 2).
- Federally Qualified Health Centers (See Attachment 5).
- Inpatient Hospital Providers (See Attachment 3).
- Nurse Practitioners (See Attachment 5).
- Optometrists (See Attachment 4).
- Outpatient Hospital Providers (See Attachment 3).
- Physician Assistants (See Attachment 5).
- Physician Clinics (See Attachment 5).
- Physicians (See Attachment 5).
- Rural Health Clinics (See Attachment 5).

Refer to maximum allowable fee schedules for the coverage status of other TOS code combinations that may be covered for the procedure codes listed in this *Update*.

Fee schedules are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site. The Medicaid Web site address is [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/). Refer to this *Update* until the fee schedule is modified. For specific coverage limitations on the procedure codes listed in this *Update*, refer to provider-specific *Updates* and handbooks.

Providers with questions regarding the procedure codes in this *Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

### Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT 1

## HCPCS codes for Ambulatory Surgery Centers

Effective for dates of service on and after July 1, 2002

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0104	Colorectal cancer screening; flexible sigmoidoscopy	F	\$3	manually priced	Added
G0105	colonoscopy on individual at high risk	F	\$3	manually priced	Added
G0106	alternative to G0104, screening sigmoidoscopy, barium enema	F	\$3	manually priced	Added
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	F	\$3	manually priced	Added
G0121	colonoscopy on individual not meeting criteria for high risk	F	\$3	manually priced	Added
G0185	Destruction of localized lesion of choroid (for example, choroidal neovascularization); transpupillary thermotherapy (one or more sessions)	F	\$3	manually priced	Added
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	F	\$3	manually priced	Added
G0187	Destruction of macular drusen, photocoagulation (one or more sessions)	F	\$3	manually priced	Added
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (FEES))	F	\$3	manually priced	Added

\*Type of service

Code	Description
F	Free-standing ambulatory surgical center

## ATTACHMENT 2

### HCPCS codes for Family Planning Clinics

Effective for dates of service on and after July 1, 2002

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	1	\$2	\$33.81	Added
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0124	requiring interpretation by physician	5	\$1	\$21.64	Added
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	5	\$1	\$21.64	Added
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0144	with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0145	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	5	\$1	\$28.00	Added
G0147	Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision	5	\$1	\$28.00	Added
G0148	performed by automated system with manual rescreening	5	\$1	\$28.00	Added

\*Type of service

Codes	Descriptions
1	Medical care
5	Diagnostic lab (total charge)/HealthCheck lab

## ATTACHMENT 3

# HCPCS codes for Inpatient and Outpatient Hospital Providers

Effective for dates of service on and after July 1, 2002

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0107	Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations	5	\$1	\$4.49	Added
G0107	Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations	C		\$4.64	Added
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision	C		\$28.93	Added
G0124	requiring interpretation by physician	5	\$1	\$21.64	Added
G0124	requiring interpretation by physician	C		\$22.36	Added
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	5	\$1	\$21.64	Added
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	C		\$22.36	Added
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision	C		\$28.93	Added
G0144	with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0144	with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	C		\$29.93	Added
G0145	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	5	\$1	\$28.00	Added
G0145	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	C		\$29.93	Added

\*Type of service

Codes	Descriptions
5	Diagnostic lab (total charge)/HealthCheck lab
C	Ancillaries (hospital and nursing home)

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0147	Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision	5	\$1	\$28.00	Added
G0147	Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision	C		\$29.93	Added
G0148	performed by automated system with manual rescreening	5		\$28.00	Added
G0148	performed by automated system with manual rescreening	C		\$29.93	Added

\*Type of service

Codes	Descriptions
5	Diagnostic lab (total charge)/HealthCheck lab
C	Ancillaries (hospital and nursing home)

# ATTACHMENT 4

## HCPCS codes for Optometrists

Effective for dates of service on and after July 1, 2002

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	J	\$2	\$49.28	Added
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	J	\$2	\$34.63	Added

\*Type of service

Code	Description
J	Vision care and contact lens

## ATTACHMENT 5

# HCPCS codes for Federally Qualified Health Centers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, and Rural Health Clinics

Effective for dates of service on and after July 1, 2002

Procedure code	Description	Type of Service*	Copay	Max fee**	Status
G0002	Office procedure, insertion of temporary indwelling catheter, foley type (separate procedure)	2	\$3	\$130.42	Added
G0004	Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; includes transmission, physician review and interpretation.	B	\$3	\$273.53	Added
G0005	Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; recording (includes hook-up, recording and disconnection)	U		\$42.06	Added
G0006	Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; 24-hour attended monitoring, receipt of transmissions, and analysis	B	\$3	\$204.26	Added
G0007	Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; physician review and interpretation only	W		\$26.21	Added
G0015	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24-hour attended monitoring, per 30-day period; tracing only	U		\$204.26	Added
G0030	PET myocardial perfusion imaging, (following previous PET, G0030-G0047); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.11	No longer covered under type of service (TOS) "K"
G0031	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$91.99	No longer covered under TOS "K"
G0032	PET myocardial perfusion imaging, (following rest SPECT, 78464); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.45	No longer covered under TOS "K"
G0033	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$91.99	No longer covered under TOS "K"
G0034	PET myocardial perfusion imaging, (following stress SPECT, 78465); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.45	No longer covered under TOS "K"

\*Type of service

Codes	Descriptions
2	Surgery
B	Diagnostic medical (total charge)
Q	Diagnostic X-ray — professional/ultrasound — professional component only
U	Diagnostic or therapeutic procedure or test — technical component only
W	Diagnostic lab — professional component only

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0035	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$91.99	No longer covered under TOS "K"
G0036	PET myocardial perfusion imaging (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.11	No longer covered under TOS "K"
G0037	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$91.99	No longer covered under TOS "K"
G0038	PET myocardial perfusion imaging (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.11	No longer covered under TOS "K"
G0039	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$92.30	No longer covered under TOS "K"
G0040	PET myocardial perfusion imaging (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.11	No longer covered under TOS "K"
G0041	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$91.65	No longer covered under TOS "K"
G0042	PET myocardial perfusion imaging (following stress nuclear ventriculogram 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.11	No longer covered under TOS "K"
G0043	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$91.99	No longer covered under TOS "K"
G0044	PET myocardial perfusion imaging (following rest ECG 93000); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.11	No longer covered under TOS "K"
G0045	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$91.99	No longer covered under TOS "K"
G0046	PET myocardial perfusion imaging (following stress ECG 93015); single study, rest or stress (exercise and/or pharmacologic)	Q		\$72.11	No longer covered under TOS "K"
G0047	multiple studies, rest or stress (exercise and/or pharmacologic)	Q		\$91.99	No longer covered under TOS "K"
G0050	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound	4	\$2	\$28.60	Added
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	1	\$2	\$33.81	Added
G0102	Prostate cancer screening; digital rectal examination	1	\$2	\$19.16	Added
G0103	Prostate cancer screening; prostate specific antigen test (PSA), total	5	\$1	\$25.42	Added
G0104	Colorectal cancer screening; flexible sigmoidoscopy	2	\$3	\$100.36	Added
G0105	colonoscopy on individual at high risk	2	\$3	\$433.79	Added
G0106	alternative to G0104, screening sigmoidoscopy, barium enema	2	\$3	\$123.32	Added
G0107	fecal-occult blood test, 1-3 simultaneous determinations	5	\$1	\$4.49	Added
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	1	\$2	\$49.28	Added

\*Type of service

Codes	Descriptions
1	Medical care
2	Surgery
4	Diagnostic X-ray (total charge)/Ultrasound (total charge)
5	Diagnostic lab (total charge)/HealthCheck lab
Q	Diagnostic X-ray — professional/ultrasound — professional component only

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	1	\$2	\$34.63	Added
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	2	\$3	\$123.32	Added
G0121	colonoscopy on individual not meeting criteria for high risk	2	\$3	\$433.79	Added
G0122	barium enema	2	\$3	\$21.64	Added
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0124	requiring interpretation by physician	5	\$1	\$21.64	Added
G0125	PET imaging regional or whole body; single pulmonary nodule, full- and partial-ring PET scanners only	4	\$3	\$2,007.84	Added
G0125	PET imaging regional or whole body; single pulmonary nodule, full- and partial-ring PET scanners only	Q		\$72.45	Added
G0125	PET imaging regional or whole body; single pulmonary nodule, full- and partial-ring PET scanners only	U		\$1,935.39	Added
G0130	Single energy X-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	4	\$3	\$39.78	Added
G0130	Single energy X-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Q		\$11.85	Added
G0130	Single energy X-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	U		\$27.93	Added
G0131	Computerized tomography bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)	4	\$3	\$120.58	Added
G0131	Computerized tomography bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)	Q		\$13.59	Added
G0131	Computerized tomography bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)	U		\$106.99	Added
G0132	appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	4	\$3	\$39.78	Added
G0132	appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Q		\$11.85	Added
G0132	appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	U		\$27.93	Added
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	5	\$1	\$21.64	Added
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0144	with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added

\*Type of service

Codes	Descriptions
1	Medical care
2	Surgery
4	Diagnostic X-ray (total charge)/Ultrasound (total charge)
5	Diagnostic lab (total charge)/HealthCheck lab
Q	Diagnostic X-ray — professional/ultrasound — professional component only
U	Diagnostic or therapeutic procedure or test — technical component only

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0145	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	5	\$1	\$28.00	Added
G0147	Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision	5	\$1	\$28.00	Added
G0148	performed by automated system with manual rescreening	5	\$1	\$28.00	Added
G0166	External counterpulsation, per treatment session	2	\$3	\$143.06	Added
G0173	Stereotactic radiosurgery, complete course of therapy in one session	6	\$3	manually priced	Added
G0173	Stereotactic radiosurgery, complete course of therapy in one session	S		manually priced	Added
G0173	Stereotactic radiosurgery, complete course of therapy in one session	U		manually priced	Added
G0185	Destruction of localized lesion of choroid (for example, choroidal neovascularization); transpupillary thermotherapy (one or more sessions)	2	\$3	manually priced	Added
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	2	\$3	manually priced	Added
G0187	Destruction of macular drusen, photocoagulation (one or more sessions)	2	\$3	manually priced	Added
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (FEES))	2	\$3	manually priced	Added
G0194	Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	B	\$3	manually priced	Added
G0194	Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	U		manually priced	Added
G0194	Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	W		manually priced	Added
G0195	Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)	1	\$2	\$121.22	Added
G0196	Evaluation of swallowing involving swallowing of radio-opaque materials	1	\$2	\$121.22	Added
G0197	Evaluation of patient for prescription of speech generating devices	1	\$2	\$120.26	Added
G0198	Patient adaptation and training for use of speech generating devices	1	\$2	\$74.51	Added
G0199	Re-evaluation of patient using speech generating devices	1	\$2	\$101.45	Added
G0200	Evaluation of patient for prescription of voice prosthetic	1	\$2	\$74.52	Added
G0201	Modification or training in use of voice prosthetic	1	\$2	\$55.68	Added
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	4	\$3	\$73.56	Added

\*Type of service

Codes	Descriptions	Codes	Descriptions
1	Medical care	6	Radiation therapy (total charge)
2	Surgery	B	Diagnostic medical (total charge)
4	Diagnostic X-ray (total charge)/ Ultrasound (total charge)	S	Radiation therapy — professional component only (HealthCheck screening reporting code)
5	Diagnostic lab (total charge/HealthCheck lab)	U	Diagnostic or therapeutic procedure or test — technical component only
		W	Diagnostic lab — professional component only

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	Q		\$25.55	Added
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	4	\$3	\$59.69	Added
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	Q		\$20.74	Added
G0242	Multi-source photon stereotactic radiosurgery (cobalt 60 multi-source converging beams) plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification, all lesions treated, per course of treatment	6	\$3	manually priced	Added
G0242	Multi-source photon stereotactic radiosurgery (cobalt 60 multi-source converging beams) plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification, all lesions treated, per course of treatment	S		manually priced	Added
G0242	Multi-source photon stereotactic radiosurgery (cobalt 60 multi-source converging beams) plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification, all lesions treated, per course of treatment	U		manually priced	Added
G0243	Multi-source photon stereotactic radiosurgery, delivery including collimator changes and custom plugging, complete course of treatment, all lesions	6	\$3	manually priced	Added
G0243	Multi-source photon stereotactic radiosurgery, delivery including collimator changes and custom plugging, complete course of treatment, all lesions	S		manually priced	Added
G0243	Multi-source photon stereotactic radiosurgery, delivery including collimator changes and custom plugging, complete course of treatment, all lesions	U		manually priced	Added
Q0035	Cardiokymography	B	\$2	\$21.85	Added
Q0035	Cardiokymography	U		\$13.12	Added
Q0035	Cardiokymography	W		\$8.73	Added
Q0183	Dermal tissue, of human origin, with and without other bioengineered or processed elements; but without metabolically active elements, per square centimeter	9	\$2	manually priced	Added
Q0184	with metabolically active elements, per square centimeter	9	\$2	manually priced	Added
Q0187	Factor VIIa (coagulation factor, recombinant) per 1.2 mg	9		manually priced	Added
Q2001	Oral, cabergoline, 0.5 mg	1		manually priced	Added

## \*Type of service

Codes	Descriptions	Codes	Descriptions
1	Medical care	B	Diagnostic medical (total charge)
4	Diagnostic X-ray (total charge)/ Ultrasound (total charge)	Q	Diagnostic X-ray — professional/ultrasound — professional component only
6	Radiation therapy (total charge)	S	Radiation therapy — professional component only (HealthCheck screening reporting code)
9	Other	U	Diagnostic or therapeutic procedure or test — technical component only
		W	Diagnostic lab — professional component only

Procedure code	Description	Type of service*	Copay	Max fee**	Status
Q2002	Injection, Elliotts b solution, per ml	1		manually priced	Added
Q2003	Injection, aprotinin, 10,000 KIU	1		manually priced	Added
Q2004	Irrigation solution for treatment of bladder calculi, for example Renacidin, per 500 ml	1		manually priced	Added
Q2005	Injection, corticorelin ovine triflutate, per dose	1		manually priced	Added
Q2006	Injection, digoxin immune fab (ovine), per vial	1		manually priced	Added
Q2007	Injection, ethanolamine oleate, 100 mg	1		manually priced	Added
Q2008	Injection, fomepizole, 1.5 mg	1		manually priced	Added
Q2009	Injection, fosphenytoin, 50 mg	1		manually priced	Added
Q2010	Injection, glatiramer acetate, per dose	1		manually priced	Added
Q2011	Injection, hemin, per 1 mg	1		manually priced	Added
Q2012	Injection, pegademase bovine, 25 IU	1		manually priced	Added
Q2013	Injection, pentastarch, 10% solution, per 100 ml	1		manually priced	Added
Q2014	Injection, sermorelin acetate, 0.5 mg	1		manually priced	Added
Q2017	Injection, teniposide, 50 mg	1		manually priced	Added
Q2018	Injection, urofollitropin, 75 IU	1		manually priced	Added
Q2019	Injection, basiliximab, 20 mg	1		manually priced	Added
Q2020	Injection, histrelin acetate, 10 mg	1		manually priced	Added
Q2021	Injection, lepirudin, 50 mg	1		manually priced	Added
Q2022	Von Willebrand factor complex, human, per IU	1		manually priced	Added
Q3001	Radioelements for brachytherapy, any type, each	9		manually priced	Added

\*Type of service

Codes	Descriptions
1	Medical Care
9	Other

Procedure code	Description	Type of service*	Copay	Max fee**	Status
Q3002	Supply of radiopharmaceutical diagnostic imaging agent; gallium Ga 67, per mci	9		manually priced	Added
Q3003	technetium Tc99M bismate, per unit dose	9		manually priced	Added
Q3004	xenon Xe 133, per 10 mci	9		manually priced	Added
Q3005	technetium Tc99M mertiatide, per mci	9		manually priced	Added
Q3006	technetium Tc99M gluceptate, per 5 mci	9		manually priced	Added
Q3007	sodium phosphate P32, per mci	9		manually priced	Added
Q3008	indium 111-In pentetreotide, per 3 mci	9		manually priced	Added
Q3009	technetium Tc99M oxidronate, per mci	9		manually priced	Added
Q3010	technetium Tc99M-labeled red blood cells, per mci	9		manually priced	Added
Q3011	chromic phosphate P32 suspension, per mci	9		manually priced	Added
Q3012	Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalamin cobalt Co57, per 0.5 mci	9		manually priced	Added

\*Type of service

Codes

9

Descriptions

Other

\*\*Maximum fees listed in this table are for physicians and nurse practitioners. Physician assistants receive 90% of the physician rate for most procedures. Refer to the maximum allowable fee schedules for actual rates.